

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID:	19684
Application ID:	10065686
Title of Invention:	METHOD, DEVICE AND SYSTEM FOR ESTABLISHING COMMUNICATIONS WITH MULTIPLE COMMUNICATION DEVICES
First Named Inventor:	Peter Kennedy
Domestic/Foreign Application:	Domestic Application
Filing Date:	null
Effective Receipt Date:	2002-11-08
Submission Type:	Utility Patent Filing
Filing Type:	new-utility
Confirmation Number:	0
Attorney Docket Number:	U02-0052(23)
Digital Certificate Holder:	cn=Michael G. Johnston, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest:	Q/5PpXL1pMqJtA32NY5+sA==
Total Fees Authorized:	\$1826.0

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Deposit Account Number: 134365
Deposit Account Name: Michael G. Johnston



TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

U02-0052
(23)

Submission Type: Utility Patent
Filing

METHOD, DEVICE AND SYSTEM FOR ESTABLISHING COMMUNICATIONS WITH MULTIPLE COMMUNICATION DEVICES

First Named Inventor: Mr. Peter J. Kennedy

SUBMITTED BY

Name: Mr. Michael G. Johnston
Registration Number: 38,194
Electronic Signature Mark: Michael
G. Johnston Date Signed: 20021108

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Attached Files:

declaration DeclarationPage1.tif

declaration
specification
bibd-transmittal
fee-transmittal

DeclarationPage2.tif
specification.xml
U020052apds.xml
U020052fee.xml

Attached Image File(s):

DeclarationPage1.tif
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Comments:

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PTO/SB/01 (03-0)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	019778-000023
		First Named Inventor	Peter J. Kennedy
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD, DEVICE AND SYSTEM FOR ESTABLISHING COMMUNICATIONS WITH MULTIPLE COMMUNICATION DEVICES*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

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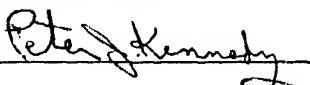
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DECLARATION – Utility or Design Patent Application

Direct all correspondence to. Customer Number OR Correspondence address below
 Or Bar Code Label **24298**

Name **Moore & Van Allen PLLC**Address **2200 West Main Street, Suite 800**City **Durham** State **NC** ZIP **27705**Country **US** Telephone **(919) 286-8000** Fax **(919) 286-8199**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name **(first and middle [if any]) Peter J.** Family Name **Or Surname Kennedy**Inventor's Signature  Date **11/04/02**Residence: City **Durham** State **NC** Country **US** Citizenship **USA**Mailing Address **6003 Whisperwood Drive**City **Durham** State **NC** ZIP **27713** Country **US**NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name **(first and middle [if any])** Family Name **Or Surname**

Inventor's Signature Date

Residence: City **State** Country **Citizenship**

Mailing Address

City **State** ZIP **Country** Additional inventors are being named on the 0 supplemental Additional Inventor(s) sheet(s) PTO/SB/02S attached hereto

(Page 2 of 2)

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1826

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 13-4365



Deposit Account Name: Moore & Van Allen PLLC

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Michael G. Johnston

Electronic Signature Mark: Michael G. Johnston

Date Signed: 20021108

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	1001	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 71	1202	\$ 18	51	\$ 918
Independent Claims: 5	1201	\$ 84	2	\$ 168

Subtotal For Extra Claims Fees: \$ 1086